

NOTE: COMPLETE FORM AND FOWARD WITH FEE TO CITY CLERK' OFFICE.
DO NOT RETURN FORM TO DEPARTMENT OF PUBLIC SAFTY.

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY - DIVISION OF FIRE PREVENTION
1010 COMMONWEALTH AVE. BOSTON

RENEWAL APPLICATION FOR STORAGE OF FLAMMABLES LICENSE

In accordance with the provisions of Chapter 148, Section 13, of the
General Laws, the undersigned hereby certifies that:

EASTPORT REAL ESTATE/120 BEACON ST.LTD.PARTNERSHIP Lic#: F-2011-174
235 BEAR HILL ROAD B.O.A.#:
WALTHAM MA 02451 4444 Fee: \$500.00

Restricted to: 20,000 Gallons Total
Restricted as follows;
2000 GALLON ABOVE GROUND STORAGE

2011 APR 25 A 9 58
CITY CLERK'S OFFICE
SOMERVILLE, MA

Is the holder of the license originally granted 04/24/1997
for the lawful use of the building (s) or other structure (s) situated or
to be situated at 00120 BEACON ST
as related to the KEEPING, STORAGE, MANUFACTURE, OR SALE OF FLAMMABLES OR
EXPLOSIVES. City of Somerville.

Note: This Certificate of Registration must be signed by the holder of the
license if said license was granted prior to July 1, 1936, otherwise by the
owner or occupant of the land licensed.

KINDLY CORRECT ANY ERRORS LISTED ON OUR CURRENT RECORDS ABOVE,
AND COMPLETE THE LOWER SECTION OF THIS RENEWAL APPLICATION.

Company Name: 120 BEACON STREET LIMITED PARTNERSHIP TEL: 781-890-5855
Company Address: 00120 BEACON ST

City: SOMERVILLE State: MA Zip: 00000

Check One: Gov't Partner
Individual: ___ Co: ___ Corp: ___ Trust: ___ Agency ___ Ship X Other

Owner Name: EASTPORT REAL ESTATE/120 BEACON ST.LTD.PART TEL: 781-890-5855
Owner Address: 235 BEAR HILL ROAD

Owner City: WALTHAM State: MA Zip: 02451
FID#: 043232447

This Application must be signed and filed with the required fee no later than
April 30, 2011. The responsibility for filing on time is yours.

If the renewal application is not returned to the City Clerk's office by
04/30/2011 please advise this office at once.

This renewal application must be signed by the holder of the license.

Check One: Owner X Occupant ___ Holder ___

[Signature]
Signature of Applicant

235 Bear Hill Rd
Address

Waltham MA 02451
City State Zip

** Office Use Only **
Mailed _____
Taken _____
Received: 4-22-11 CK 7096
\$500-
City Clerk

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

120 Beacon St LP
* Signature of Individual or Corporate Name (Mandatory)

[Signature] Managing Agent
By: Corporate Officer (Mandatory, if a corporation)

04 323 2447
** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: 120 Beacon St LD

Address of taxpayer/applicant's business in Somerville: 120 Beacon Street

Address of taxpayer/applicant's home in Somerville: N/A

Taxpayer/applicant's phone: day: 781 990 5855 evening: 781 990 5855

I, (print name) 120 Beacon St LD, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 21 day of

April, 2011. Mikel Joffe Managing Agent
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

19603201 # 128065051 # _____

NOTES:

UB

CLERK'S INITIALS: _____

ORIGINAL STAMP 

RECEIVED
Usatowj
4-21-11



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: 120 Beacon St LP
 address: c/o Eastport Real Estate Services 235 Beacon Hill Rd
 city: Waltham state: MA zip: 02451 phone # 781 890 5855

work site location (full address): 120 Beacon St Somerville MA

- I am a sole proprietor and have no one working in any capacity. Business Type: Retail Restaurant/Bar/Eating Establishment
 Office Sales (including Real Estate, Autos etc.)
 I am an employer with _____ employees (full & part time). Other
 I am an employer providing workers' compensation for my employees working on this job.

company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co. _____ policy # _____

- I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co. _____ policy # _____

company name: _____
 address: _____
 city: _____ phone #: _____
 insurance co. _____ policy # _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature [Signature] Managing Agent Date 4/21/2011
 Print name Michael J. He Phone # 781 890 5855

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____
 check if immediate response is required
 contact person: _____ phone #: _____
(revised Sept. 2003)